

<b>MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET</b> <small>(FOR USE WITH FORM PTO-875)</small>							<small>SERIAL NO.</small>		<small>FILING DATE</small>		
							<small>APPLICANT(S)</small>				
							<b>09/787 4444</b>				
<b>CLAIMS</b>											
	<small>AS FILED</small>		<small>AFTER 1st AMENDMENT</small>		<small>AFTER 2nd AMENDMENT</small>			<small>*      *</small>		<small>*      *</small>	
	<small>IND.</small>	<small>DEP.</small>	<small>IND.</small>	<small>DEP.</small>	<small>IND.</small>	<small>DEP.</small>		<small>IND.</small>	<small>DEP.</small>	<small>IND.</small>	<small>DEP.</small>
1							51				
2							52				
3							53				
4							54				
5							55				
6							56				
7							57				
8							58				
9							59				
10							60				
11							61				
12							62				
13							63				
14							64				
15							65				
16							66				
17							67				
18							68				
19							69				
20							70				
21							71				
22							72				
23							73				
24							74				
25							75				
26							76				
27							77				
28							78				
29							79				
30							80				
31							81				
32							82				
33							83				
34							84				
35							85				
36							86				
37							87				
38							88				
39							89				
40							90				
41							91				
42							92				
43							93				
44							94				
45							95				
46							96				
47							97				
48							98				
49							99				
50							100				
<b>TOTAL</b>							<b>TOTAL</b>				
<b>IND.</b>							<b>IND.</b>				
<b>TOTAL</b>							<b>TOTAL</b>				
<b>DEP.</b>							<b>DEP.</b>				
<b>TOTAL</b>							<b>TOTAL</b>				
<b>CLAIMS</b>							<b>CLAIMS</b>				